

Health Care Provider		Patient Name (Last, First, Middle Initial)			NRN <input type="checkbox"/>
Street		Patient ID	DOB	Sex	Race
City	Zip Code	Medicaid/Private Insurance		ICD9/Diagnosis	Date Collected
WA					

SEROLOGY

Time Collected

HIV-1 ANTIBODY

- ☐ EIA (includes Western blot when EIA is positive)
☐ Western blot (confirmation)

Exposures since 1978 (check all that apply):

- ☐ Sex with male
☐ Sex with female
☐ Injection drug user
☐ Sex for money/drugs
☐ Foreign Born, Where? _____
☐ Other (specify) _____
☐ None of the above

Sexual relations with:

- ☐ Person with HIV/AIDS
☐ Homosexual/Bisexual male
☐ Injection drug user

During the past 12 months:

- ☐ Reportable STD
☐ 4 or more sex partners

Tested previously? ☐ No ☐ Yes

If tested, Result: _____
 Date: _____

If anonymous, Consent for less sensitive EIA:

- ☐ Consented ☐ Refused ☐ Not asked

SYPHILIS

Specify: ☐ Screening ☐ Prenatal ☐ Confirmation

- ☐ RPR (includes TP-PA when RPR is positive)
☐ TP-PA

- ☐ VDRL (Spinal fluid)
☐ FTA-ABS (Spinal fluid)

HEPATITIS

- ☐ Hepatitis A Antibody
☐ Hepatitis B Surface Antigen
☐ Hepatitis B Surface Antibody
☐ Hepatitis B Core Antibody
☐ Hepatitis C Antibody

- ☐ Hepatitis A Antibody, IgM
☐ Hepatitis B Core Antibody, IgM

Reason for testing:

- ☐ Screening/Immune status
☐ Acute Hepatitis
☐ Chronic Hepatitis
☐ Other _____

Perinatal Hepatitis B

- ☐ Prenatal
☐ Infant follow-up
☐ Household contact
☐ Sexual contact

Risk factors:

- ☐ Injection drug use
☐ Homosexual Activity
☐ Multiple sex partners
☐ Other _____

OTHER

- ☐ Herpes Simplex Type 1 Antibody
☐ Herpes Simplex Type 2 Antibody
☐ Measles Antibody
☐ Mumps Antibody
☐ Rubella Antibody
☐ Varicella-Zoster Antibody

BACTERIOLOGY

- ☐ **GONORRHEA CULTURE** (Modified Thayer-Martin medium)
 Source: ☐ cervix ☐ urethra
☐ rectum ☐ throat
☐ other _____
- ☐ **GONORRHEA APTIMA** (APTIMA transport tube)
 Source: ☐ urine ☐ cervix ☐ urethra
- ☐ **CHLAMYDIA APTIMA** (APTIMA transport tube)
 Source: ☐ urine ☐ cervix ☐ urethra
- ☐ **ACID FAST BACILLUS CULTURE WITH SMEAR** (Sterile container)
 Source: ☐ sputum ☐ other _____
- ☐ **GROUP A STREP CULTURE** (Culturette)
 Source: ☐ throat ☐ other _____
- ☐ **GROUP B STREP CULTURE** (Culturette)
 Source: ☐ vagina/rectum ☐ other _____
- ☐ **STOOL CULTURE** (Enteric pathogen transport vial)
 Specify: ☐ bloody ☐ liquid ☐ formed
- ☐ **PERTUSSIS CULTURE WITH SMEAR** (Regan-Lowe transport medium)
 Source: ☐ nasopharynx ☐ other _____
- ☐ **REFERENCE CULTURE/OTHER** _____
 Source: _____

PARASITOLOGY

Specify: ☐ bloody stool ☐ liquid stool ☐ formed stool

- ☐ **OVA AND PARASITES** (Formalin vial)
☐ **CRYPTOSPORIDIUM** (Formalin vial)
☐ **PINWORM** (Adhesive paddle)
☐ **OTHER** _____

- ☐ **TRICHOMONAS CULTURE** (InPouch medium)
 Source: ☐ vagina ☐ other _____

VIROLOGY

- ☐ **HERPES SIMPLEX VIRUS CULTURE** (Viral transport medium)
 Source: ☐ genital lesion ☐ other _____
- ☐ **VIRUS CULTURE** (Viral transport medium)
 Specify: ☐ influenza ☐ other _____
 Source: ☐ throat ☐ other _____
- ☐ **INFLUENZA VIRUS ANTIGEN**
- ☐ **RESPIRATORY SYNCYTIAL VIRUS ANTIGEN**

REMARKS



DATE RECEIVED